

GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, 10 USC 3012(G). PRINCIPAL PURPOSE: To record counseling data pertaining to service members.
ROUTINE USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
DISCLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (<i>last, first, MI</i>) LAST NAME, FIRST NAME MI	2. SOCIAL SECURITY NO. 000-00-0000	3. GRADE RANK (SFC)	4. SEX M/F
5. UNIT UNIT ADDRESS	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING 0 - 8	7. TRAINING SCORES HIGH <u>AVG</u> MED <u>AVG</u> LOW <u>AVG</u>	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES
Date End of Phase I Counseling

- | | | | | | | | | | | | | | | | |
|---|--|---------|-------|------|-------|---------|-------|------------------|-------|-------|-------|-----------|-------|------------------|-------|
| <p>1. Academics:</p> <ul style="list-style-type: none">a. Human Relations _____b. Leadership _____c. Counseling _____d. Fitness _____e. D & C _____f. General Subjects _____g. MOI _____ <p>2. Candidate Leader Performance _____</p> <p>3. Inspections:</p> <ul style="list-style-type: none">a. Billets _____b. In-ranks _____ | <p>4. Fitness:</p> <p>APFT: PU _____ SU _____ Run _____</p> <p>5. Values:</p> <table border="0"><tr><td>Loyalty</td><td>_____</td></tr><tr><td>Duty</td><td>_____</td></tr><tr><td>Respect</td><td>_____</td></tr><tr><td>Selfless Service</td><td>_____</td></tr><tr><td>Honor</td><td>_____</td></tr><tr><td>Integrity</td><td>_____</td></tr><tr><td>Personal Courage</td><td>_____</td></tr></table> <p>OVERALL RATING _____</p> | Loyalty | _____ | Duty | _____ | Respect | _____ | Selfless Service | _____ | Honor | _____ | Integrity | _____ | Personal Courage | _____ |
| Loyalty | _____ | | | | | | | | | | | | | | |
| Duty | _____ | | | | | | | | | | | | | | |
| Respect | _____ | | | | | | | | | | | | | | |
| Selfless Service | _____ | | | | | | | | | | | | | | |
| Honor | _____ | | | | | | | | | | | | | | |
| Integrity | _____ | | | | | | | | | | | | | | |
| Personal Courage | _____ | | | | | | | | | | | | | | |

9. DATE AND SUMMARY OF COUNSELING
Date

Your performance during Phase I was (Summarize candidate's performance during the phase along with how the candidate has embedded the Army core values. Set and explain goals for Phase II.)

All areas will be rated as: Outstanding, Satisfactory, Unsatisfactory.

Under the portion marked academics, each exam taken during the phase will be entered along with a rating.

Phase II and III will require the same basic format with subjects under the academics portion being those covered during the phase and candidate goals as listed in the Course Management Plan and determined by the DSL and Candidate.

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.

PART III - AUTHENTICATION	
10. NAME, GRADE, SIGNATURE OF COUNSELOR LAST NAME, FIRST NAME MI	DATE DAY, MONTH, YEAR
11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur/nonconcur that the information above accurately reflects this counseling session. I nonconcur for the following reasons: CIRCLE CONCUR/NON-CONCUR AND INITIAL	
12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED LAST NAME, FIRST NAME MI	DATE DAY, MONTH, YEAR
13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES, COUNSELOR WILL INITIAL THIS BLOCK.	
PART IV - REHABILITATION	
14. REHABILITATION RESULTS/COMMENTS	
15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED	DATE
16. NAME, GRADE, SIGNATURE OF COUNSELOR	DATE
PART V - UNIT COMMANDER INTERVIEW	
17. INTERVIEW RESULTS AND RECOMMENDATION	
18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER	DATE